

In The United States Court of Federal Claims
Form 2
Cover Sheet

Plaintiff(s) or Petitioner(s)

Names: ROBERT ALLEN BAUTISTA, Robert Allen Bautista, agent/attorney-in-fact 24-1511 CLocation of Plaintiff(s)/Petitioner(s) (city/state): DALLAS, TX

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): _____

Firm Name: _____

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box: PO BOX 131385

Street Address: _____

City-State-ZIP: DALLAS TX 75313Telephone Number: 702-501-9639E-mail Address: rbrbtst16@gmail.comIs the attorney of record admitted to the Court of Federal Claims Bar? ☐ Yes ☒ NoNature of Suit Code: 134

Select only one (three digit) nature-of-suit code from the attached sheet.

Agency Identification Code: STANumber of Claims Involved: 1Amount Claimed: \$257,500,000

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$ _____

Is plaintiff a small business? ☐ Yes ☐ NoWas this action proceeded by the filing of a ☐ Yes ☐ No

Solicitation No. _____

protest before the GAO?

If yes, was a decision on the merits rendered? ☐ Yes ☐ No

Income Tax (Partnership) Case:

Identify partnership or partnership group: _____

Takings Case:

Specify Location of Property (city/state): _____

Vaccine Case:

Date of Vaccination: _____

Related case:

Is this case directly related to any pending or previously filed ☐ Yes ☒ No

case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCRC 40.2.

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